



## PART B - FEE(S) TRANSMITTAL

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42015 7590 11/07/2005

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Kenneth B. Leffler (Depositor's name)  
*[Signature]* (Signature)  
January 31, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/348,494	07/07/1999	KJELL GUSTAFSSON	040070-244	5321

TITLE OF INVENTION: CONTROLLED ANTENNA DIVERSITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	02/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LY, NGHI H	2686	455-135000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Telefonaktiebolaget L M Ericsson (publ)

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stockholm, SWEDEN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached. any underpayments or additional☒ The Director is hereby authorized by charge ☒ required fee(s), or credit any overpayment, to Deposit Account Number 50-2476 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*[Signature]*

Date January 31, 2006

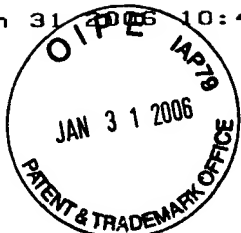
Typed or printed name Kenneth B. Leffler

Registration No. 36,075

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/348,494	
	Filing Date	July 7, 1999	
	First Named Inventor	Kjell GUSTAFSSON et al.	
	Art Unit	2686	
	Examiner Name	LY, Nghi H	
Total Number of Pages in This Submission	4	Attorney Docket Number	Old: 040070-244; New: 0119-016

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> PTO-2038 for Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Issue Fee Transmittal Part B (PTOL 84) (in duplicate)
Remarks Filed via facsimile transmission to 571 273 2885 <h2 style="text-align: center;">Mail Stop ISSUE FEE</h2>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Potomac Patent Group PLLC (Customer No. 000042015)	
Signature		
Printed name	Kenneth B. Leffler	
Date	January 31, 2006	Reg. No. 36,075

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Signature	
Typed or printed name	Kenneth B. Leffler
Date	January 31, 2006

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